



**REGISTRATION (Atrium)**  
*Continental Breakfast Available*

**KEYNOTE ADDRESS** (*Auditorium*)  
*Miss Jakilyn Taylor*

## BREAKOUT SESSION I

**PLENARY SESSION (Auditorium)**  
*The State of The DFC*  
*Mr. John Boyce and Ms. Char Burket*

## ADVOCATE AND BOARD MEMBER OF THE YEAR AWARDS

**LUNCH** (*Lower Dining Room/Basement*)

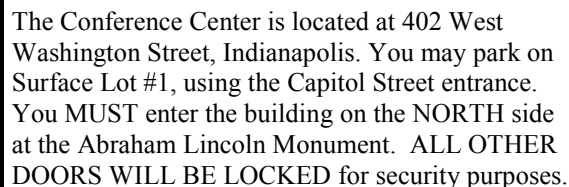
## BREAKOUT SESSION II

**AFTERNOON BREAK (Atrium)**  
*Refreshments Available*

### BREAKOUT SESSION III

**CLOSING SESSION (Auditorium)**  
*Patriotic Performance by Child Performer*  
*Brianne Chrenko*

**THE NATIONAL CASA ASSOCIATION**



- Judge’s Panel: What Is Helpful In Your Reports ?
- “Who Stole My Cheese?”: Working With Difficult People
- JD/CHINS: Dual Adjudications
- Domestic Violence: What Advocates Should Know
- Protective Orders: Changes In The Law
- Foster Parents and CASA: What Helps?
- Sex Offender’s Panel: Understanding Why They Offend; A Question/Answer Session
- The Court Process: Keeping Up With Your Cases
- Meth Labs: What to Look For As An Advocate
- Chaffee and Transitional Living: Your CASA Kids After Age 18; Hope For Tomorrow
- Special Needs Adoptions: Insuring Best Interests
- Case Facilitation: A Model Program
- Cultural Diversity: Understanding Outside Your Culture
- Emotional Bridges: Helping Your CASA Kids
- Life As a Foster Child: How to Be an Effective Advocate
- Special Education: Speaking Out For Learning
- Concurrent Planning and The Program Improvement Plan: Having a “Plan B”

Make Checks Payable To: **Indiana State Office of GAL/CASA**

**Attention CASA Directors:** Please duplicate this form and send it to your volunteers! We need a separate registration for each person attending. Fees may be paid with one claim voucher or check (if possible, mail all registrations from your program to us at one time). *Individual volunteers may register themselves by sending in a personal check if necessary.*

**PROGRAM:** \_\_\_\_\_  
(Local Program or Agency)

**REQUEST VEGETARIAN LUNCH? Y N**  
(Please Circle One)

**Please Check All That Apply:****CASA/GAL Volunteer**

## Board Member

**Attorney**

Director

	Staff	Other
1. <b>Salaries and wages</b>	1,000	1,000
2. <b>Retirement benefits</b>	100	100
3. <b>Health insurance</b>	50	50
4. <b>Life insurance</b>	20	20
5. <b>Unemployment insurance</b>	10	10
6. <b>Workers' compensation</b>	10	10
7. <b>Other employee benefits</b>	10	10
8. <b>Travel</b>	10	10
9. <b>Supplies</b>	10	10
10. <b>Postage</b>	10	10
11. <b>Telephone</b>	10	10
12. <b>Utilities</b>	10	10
13. <b>Depreciation</b>	10	10
14. <b>Amortization</b>	10	10
15. <b>Interest</b>	10	10
16. <b>Income taxes</b>	10	10
17. <b>Other taxes</b>	10	10
18. <b>Other expenses</b>	10	10
19. <b>Net income</b>	10	10
20. <b>Net loss</b>	10	10
21. <b>Net change in equity</b>	10	10
22. <b>Net change in liabilities</b>	10	10
23. <b>Net change in assets</b>	10	10
24. <b>Net change in cash</b>	10	10
25. <b>Net change in other</b>	10	10
26. <b>Net change in total</b>	10	10
27. <b>Net change in total assets</b>	10	10
28. <b>Net change in total liabilities</b>	10	10
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**FULL REGISTRATION: \$25.00 PER PERSON**

Payment (or voucher) **MUST** accompany this form. Fee Includes conference materials, free gift, breakfast, lunch and break. Since orders for food and materials are based on exact number of registrants there will be **NO REFUNDS** made. On site registrations accepted as space allows; limit: 300.

Return Completed Forms and Fees to:  
**INDIANA STATE OFFICE OF GAL/CASA**  
**115 W. Washington; Ste.1080, Indianapolis, IN 46204**